FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

SIGNATURE:

officer or director of the corporation or the receiver or trustee empowere Block 12 or Block 13 if change 0 or on an attachment with an address

CITY+S1-ZIP

FILED Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L20242 (8) PARKS/MEYERS CUSTOM PHOTO LAB. INC. Principal Place of Business Mailing Address 2136-G SOUTH ATLANTIC AVE., SUITE G 2136-G SOUTH ATLANTIC AVE., SUITE G DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2978115 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent **B1** Name GILL, ERIC ESQ. 4393 RIDGEWOOD AVENUE, SUITE 5 Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32127 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature regu ired when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition 1.1 TITLE TITLE MEYERS, RICHARD L 1.2 NAME NAME 210 EASTSPRING RD. STREET ADDRESS 1.3 STREET ADDRESS **TIMONIUM MD** CITY-ST-ZIP 1.4 CITY-ST-ZIP TD DELETE Change Addition 2.1 TITLE TITLE MEYERS, LEONA R NAME 2.2 NAME 210 EASTSPRING RD. STREET ADDRESS 2.3 STREET ADDRESS TIMONIUM MD 2 4 CITY-ST-ZIP CITY-S1-7IP DELETE Change Addition TITLE 31 TITLE MEYERS, CHRISTOPHER S NAME 3.2 NAME 522 SANDY OAKS BLVD STREET ADDRESS 3.3 STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition TITLE 4.1 THILE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

2/18/98

(110 526 (108)